| BIRTH MO. RES. DIST. NO. 318 PRIMARY RES. DIST. NO. 1003 Research Filed. BIRTH MO. RES. DIST. NO. 318 PRIMARY RES. DIST. NO. 1003 Research Filed. It Institution: restaurance in adults. COUNTY B. CITY (If contain concerns it licition. restine RURAL and gire. C. ESPOTH OF OR ON St. LOUIS G. FILL RAME OF (If not is benefited in institution, stre street address or boardon) B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. SEX C. CENTY If roade concerns in limit, write RURAL and gire. B. FILL RAME OF (If not is benefited in institution, street street address or boardon) B. SEX C. CENTY If or other concerns in limit, write a RURAL and gire. B. SEX C. CENTY If or other concerns in limit, write a RURAL and gire. B. SEX C. CENTY If or other concerns in limit, write a RURAL and gire. B. SEX C. CENTY If or other concerns in limit, write and concerns in limit. B. SEX C. CENTY If or other concerns in limit, write and concerns in limit, write and concerns in limit. C. CENTY If or other concerns in limit. C. CENTY If o | MMOCT 4 | THE DIVISION OF HEALTH OF MISSOURI | | | | | | | 32 | 32925 | |
|--|--|------------------------------------|---|-------------------------------------|------------------------|----------------|----------------|------------------------|--------------------------|--------------------------------|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY 1. CO | remodi 1 | 1092 | SIANDA | | ICATE C | PF DEA | | ~ ~ | e File No | ****************************** | |
| a. STATE MO. b. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS covamble) C. LENGTH OF C. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS C. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS C. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS C. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS C. CITY (If contaids corporate Hinds, write RURAL and give covamble) TOWN St. LOUIS C. CLARS (If contaids and contains) TOWN St. LOUIS TOWN St. LOUIS 4. CAUSE DEATH Sept. 18 1952 C. CLARS (If contains and contains) TOWN St. LOUIS A DOTE SHIP (If contains and contains) TOWN St. LOUIS 4. CAUSE (If contains and contains) TOWN St. LOUIS 4. CAUSE (If contains and contains) Town St. LOUIS 4. CAUSE (If contains) Town St. LOUIS 4. CAUSE (If contains) Town St. LOUIS 4. CAUSE (If contains) Town St. Louis 5. CAUSE (If contains) Town St. Louis 5. CAUSE (| | | REG. DIST. N | <u> 318</u> | PRIMARY REG | . 'DIST. I | ю. <u>10</u> 0 | <u> </u> | istrar's No. | 8 | 876 |
| TOWN St. Louis d. Full Mink Coff (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication, sive street address or focusion) J. MANE OF (I one in behalf or inactication) | | ATH . | | | 11 | RESIDE MO. | NCE (W | b. CC | lived. If in DUNTY | stitution: | residence before admission) |
| S. NAME OF S. (First) S. | b. CiTY (If outside of OR TOWN St | · Louis | RURAL and give. township) | c. LENGTH OF STAY (in this place | אט ווו | St.L | orate limits. | write RURAL | and give tow | mahip) | 9 |
| S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 1. DATE OF BIRTH 1. DATE OF DATE 1. DATE 1 | HUSPITAL OR | (If not in hospital or City | Hospital | address or location) | d. STREET ADDRESS | | | | Ave. | O | , |
| S. SEX 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. WIDOWED (100) (COUNTY) 1. DUE TO (b) May be the best of each of the best of each of the state o | | , , | b. | (Middle) | - | | ` | 4. DATE OF DEATH | | (Day) | |
| DR. USUAL OCCUPATION (Cleve kind of work doese ducing most of working like, was if recitive) HOUSEWIFE Ba. FATHER'S NAME JB. MOTHER'S MAIDEN NAME UNKNOWN S. WAS DECASED EVER IN U.S. ARMED FORCES? (If SOCIAL SECURITY NO.) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (If yes, stree was or dates of service) B. CAUSE OF DEATH (IN) IDISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES MOTOM conditions, If any, giring DUE TO (b) This does not mean the distant street of the dober cause (s) stating the underlying cause least. B. DATE OF OPERA. (If yes, street date) B. DATE OF OPERA. (In) ID. MAJOR FINDINGS OF OPERATION ID. OTHER SIGNIFICANT CONDITIONS DOES OF INJURY (See, Indicated and the decases and on the date stated to the disease or condition counting death. B. DATE OF OPERA. (In) BOTH (In) BOTH (In) BOTH (In) ID. MAJOR FINDINGS OF OPERATION ID. MA | | . COLOR OR RACE | WIDQWED, DI | YORCED (Specify), | 8. DATE OF | BIRTH | " | 9. AGE (In w | ATE OF DOOR | T YEAR | F DIOER 14 SILS. |
| 13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 17. INFORMANT'S SIGNATURE OR NAME 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 18. MOTHER'S MAIDEN AND 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 10. OTHER SIGNIFICANT CONDITIONS 10. OTHER SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 19. MAJOR | Da. USUAL OCCUPATI | ON (Give kind of work | 10b, KIND OF E | BUSINESS OR IN- | 11. BIRTHPL | ACE (State o | r foreign eou | 20 | 4 | 12, CITI COUN | IZEN OF WHAT ITRY? |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No. p. or unknown) (If yes, rive was or dates of service) (15. No. p. or p | 3a. FATHER'S NAME | | | | | | 14. HAME | | | E | |
| MEDICAL CERTIFICATION INTERVAL BETWEE ONSET AND DEATH Chiter outly one cause per ine for (a), (b), and (c) *This does not mean the mode of dying, such the mode of dying, such the mode of dying, such the the dest ontilitiens, if any, giving DUE TO (b) rise to the above cause (c) stating the underlying cause last. DUE TO (c) Obligative Obligative Obligative Obligative Obligative Obligative | 5. WAS DECEASED EV | ER IN U.S. ARMED | FORCES? 16. SO | CIAL SECURITY | | | SIGNAT | TURE OR | NAME | | ADDRESS |
| This does not mean the mode of dying, such as heart failure, athenia, etc. It means the discussed death. DUE TO (c) DUE TO (d) DUE TO (d) DUE TO (e) DUE TO (| Enter only one cause per | I. DISEASE OR C | CONDITION DING TO DEATH*(a) | MEDICAL C | | | <u> </u> | <u> </u> | | INTER | VAL BETWEEN T AND DEATH |
| tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION | the mode of dying, such as heart failure, asthenia, etc. It means the dis- | Morbid condition | ns, if any, giving DU cause (a) stating | 0 | irl. bisi | vsio vic | ja | Lev. | u sli | | |
| TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE OF INJURY 21b. PLACEOF INJURY (a.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22f | | | | | | | | | ./ | | |
| HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 1NJURY MORK AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 19 10 11 12 12 12 12 12 12 | 19a. DATE OF OPERA- TION | 19b. MAJOR FIN | IDINGS OF OPERAT | ION | • | | | , | | | |
| INJURY INJURY IN WHILE AT NOT WHILE WORK AT WORK IN WHILE AT NOT WHILE WORK IN WORK IN WHILE AT NOT WHILE WORK IN WORK IN WHILE AT NOT WHILE WORK IN WHILE AT NOT WHILE WORK I SA | 21a. ACCIDENT SUICIDE HOMICIDE | (Specify) | | | 21c. (CITY, TO | OWN, OR TO | OWNSHIP) | (C | OUNTY) | . (| STATE) |
| alive on, 19, and that death occurred at \$\frac{800 A}{200} \text{min, from the causes and on the date stated above.} 230. SIGNATURE Additional A | 21d. TIME (Month) OF INJURY | (Day) (Year) | WHILEAT | NOT WHILE | 21f. HOW DID | INJURY C | CCUR7 | | | 58 | // |
| 23c. DATE SIGNATURE Jatrick Laylor Careno or title) 23b. ADDRESS 23c. DATE SIGNE 9.23.5 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (City, town, or county) Burial 0 9/23752 Cal Vary St. Louis Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | the deceased from , and that dea | nth_occurred at s | 840 <u>A</u> m., | lo from the | санвев а | , 19, nd on the | that I las date state | t saw t d above | he deceased |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | jotrick | Ela | ylar 3 C | Pegree or title) | 23b. ADDRESS /30 | o ee | | 4 | | 23c. D. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | Ring of // | - I 0./0.4975 | | _ | | <u> </u> | St.L | | | ıty) | (State) |
| Dulity dit 2 Mandella Wes | SEP 2 3 1952 | REGISTRAR'S | | ms | 25. FUNERAL Bulliva | | | | | | |

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse side of this | s certificate was embalmed by me, or by |
|---|---|
| | *9 |
| working under my personal supervision. | Student Embalmer No |

Licensed Embalmer No....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.